

# CHARTS

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## **CHART I: ITEMS INCLUDED IN THE BASIC COST CHART**

Housing: includes either a payment for rent or home ownership costs (which include taxes, mortgage payments, insurance and property maintenance), heating fuel, water, electricity, gas, refuse disposal, household textiles such as sheets and towels, furniture and appliance replacement, housewares, laundry and cleaning supplies, paper products, services and telephone at the basic rate.

Food: includes all food eaten at home, meals eaten at work or school and snacks.

Clothing: includes basic inner and outer clothing, undergarments, footwear, dress and work clothing, cleaning and pressing services and shoe repair.

Personal Care: includes haircuts, hair dressing, and such items as toothpaste, shaving cream, shampoo.

Other Family Consumption: includes newspapers, magazines, entertainment expenses and allowances for participation in sports, hobbies and other recreation.

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#185A**CHART II: AFDC-RELATED LIMITS**

The amounts below are used for income allocations in family (AFDC) related coverage, dependent allocations in Home Based Waivers and dependents of nursing home residents when there is no community spouse.

**ADULTS INCLUDED****ADULTS NOT INCLUDED**

<b>Unit Size</b>	<b>Full Need</b>	<b>Full Need</b>
1	262	154
2	412	295
3	553	437
4	695	579
5	837	721
6	979	863
7	1120	1005
<u>8</u>	1262	1146

Add \$142 to Full Need for each additional person.

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## Chart III - SSI-RELATED INCOME STANDARDS, ALLOCATIONS AND DISREGARDS

## Chart III(a) - Disregards (eff. 7/1/87)

\$20.00 Federal disregard  
 \$55.00 State disregard for Individual  
 \$80.00 State disregard for Couple

## Chart III(b) - Maximum Allocations (eff. 1/1/02)

\$273.00 Ineligible child living allowance (N/C)  
 \$545.00 One parent - living in the household. (N/C)  
 \$817.00 Two parents living in the household.

## Chart III(c) - Maximum Income-in-Kind (eff. 1/1/02)

Individual:       \$211.66 (Living alone or with others)  
                       \$181.66 (Living in the household of another)  
 Couple:         \$292.33 (Living alone or with others)  
                       \$272.33 (Living in the household of another)

## Chart III(d) - Maximum Countable Income (eff. 1/1/02)

Individual:       \$ 555.00 (Living alone or with others)  
                       \$ 553.00 (Living in the household of another)  
 Couple:         \$ 832.00 (Living alone or with others)  
                       \$ 829.00 (Living in the household of another)

## Chart III(e) - Ineligible Spouse Standard (eff. 1/1/02)

\$ 273.00 Ineligible spouse in the deeming process (N/C)

## Chart III(f) - SSI and State Supplement Maximum Income and Payment Amounts

Living Arrange- ment	INDIVIDUAL			COUPLE		
	SSI Countable Income Limit & Maximum Benefit	State Supplement Benefit	State Supplement Countable Income Limit	SSI Countable Income Limit & Maximum Benefit	State Supplement Benefit	State Supplement Countable Income Limit
A	\$545.00	\$10.00	\$555.00	\$817.00	\$15.00	\$832.00
C	\$545.00	\$8.00	\$553.00	\$817.00	\$12.00	\$829.00
D	\$545.00	\$49.00	\$594.00	\$817.00	\$273.00	\$1090.00
E	\$545.00	\$217.00	\$762.00	\$817.00	\$590.00	\$1407.00
F	\$545.00	\$219.00	\$764.00	\$817.00	\$621.00	\$1438.00
G	\$545.00	\$219.00	\$764.00	\$817.00	\$621.00	\$1438.00
H	\$30.00	\$10.00	\$40.00	\$60.00	\$20.00	\$80.00

If countable income is less than the SSI limit plus \$20 for a particular "Living Arrangement", the individual should apply for SSI in order to get the SSI benefit and State Supplement. If more, but less than the "State Supplement Income Limit" (plus \$75 for living arrangements A and C), the individual can apply at Department of Human Services for the State Supplement only.

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Chart III(g) - Annual QI 2 Benefit

<u>Year</u>	<u>Individual</u>	<u>Couple</u>
1998	\$12.84	\$25.68
1999	\$26.76	\$53.52
2000	\$34.44	\$68.88
2001	\$37.08	\$74.16
2002	\$46.92	\$93.84

Chart III (h) - Awaiting Placement for Residential Care (APRC)/  
Days Awaiting Placement (DAP)

NOTE: The rates below are set by the Bureau of Medical Services and reproduced here for reference.

	Maximum Allowable Monthly Income	Medical Expenses Used In Meeting Spenddown (Deductible): Daily Rate
7/1/99	\$1,617	\$35.62
7/1/00	\$1,727	\$38.44

Chart III (i) - Income Limit for Adult  
Family Care Home

NOTE: The rates below are set by the Bureau of Medical Services and are reproduced here for reference.

01/01/99	\$1,661.00
01/01/00	\$1,673.00
01/01/01	\$1,691.00
01/01/02	\$1,706.00

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## CHART IV - NURSING CARE LIMITS

## Chart IVa: Categorically Needy Nursing Care Status Income Limits

\$1104.00 eff. 1/1/89	\$1338.00 eff. 1/1/94	\$1500.00 eff. 1/1/99
\$1158.00 eff. 1/1/90	\$1374.00 eff. 1/1/95	\$1539.00 eff. 1/1/00
\$1221.00 eff. 1/1/91	\$1410.00 eff. 1/1/96	\$1593.00 eff. 1/1/01
\$1266.00 eff. 1/1/92	\$1452.00 eff. 1/1/97	\$1635.00 eff. 1/1/02
\$1302.00 eff. 1/1/93	\$1482.00 eff. 1/1/98	

This is used as the income limit for:

Categorically Needy Nursing Care Status

Home Based Waivers and Katie Beckett coverage

SSI-related or family (AFDC) related coverage group in a hospital for 30 consecutive days

## Chart IVb: Maximum Waiver Allowances

(1) The amounts below are used as the maximum spousal allowance for Home Based Waivers:

\$378.00 eff. 1/1/89	\$456.00 eff. 1/1/94	\$510.00 eff. 1/1/99
\$396.00 eff. 1/1/90	\$468.00 eff. 1/1/95	\$523.00 eff. 1/1/00
\$417.00 eff. 1/1/91	\$480.00 eff. 1/1/96	\$541.00 eff. 1/1/01
\$432.00 eff. 1/1/92	\$494.00 eff. 1/1/97	\$555.00 eff. 1/1/02
\$444.00 eff. 1/1/93	\$504.00 eff. 1/1/98	

## Chart IVc: Nursing Care Private Rate

\$2548.00 eff. 7/1/88
\$2559.00 eff. 10/1/89
\$3146.00 eff. 1/1/91
\$3619.00 eff. 9/1/92
\$3917.00 eff. 8/1/94

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## Chart IVd: Spousal Impoverishment

## 1. Community Spouse Asset Allowance

	Maximum		Maximum
1/1/96	\$76,740	1/1/00	\$84,120
1/1/97	\$79,020	1/1/01	\$87,000
1/1/98	\$80,760	1/1/02	\$89,280
1/1/99	\$81,960		

## 2. Minimum Monthly Income Standard

\$1295.00	eff.	7/1/96	\$1407.00	eff.	7/1/00
\$1327.00	eff.	7/1/97	\$1452.00	eff.	7/1/01
\$1357.00	eff.	7/1/98			
\$1383.00	eff.	7/1/99			

## 3. Monthly Excess Shelter (this amount is 30% of the minimum Monthly Income Standard [above] for the corresponding effective date)

\$389.00	eff.	7/1/96	\$422.00	eff.	7/1/00
\$398.00	eff.	7/1/97	\$436.00	eff.	7/1/01
\$407.00	eff.	7/1/98			
\$415.00	eff.	7/1/99			

## 4. Maximum Monthly Income Allocation

\$1919	eff.	1/1/96
\$1976	eff.	1/1/97
\$2019	eff.	1/1/98
\$2049	eff.	1/1/99
\$2103	eff.	1/1/00
\$2,175	eff.	1/1/01
\$2,232	eff.	1/1/02



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Chart V: Protected Income Level

The following levels are effective 11/91:

<u>Unit Size</u>	<u>Protected Income Level</u>
1	315
2	341
3	458
4	575
5	691
6	808
7	925
8	1033
9	1150
10	1266

Add \$116 for each additional person.

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## CHART VI: FEDERAL POVERTY LEVELS - Effective February, 2002

The following dollar amounts are based on the federal poverty level published in the Federal Register. The amounts will be changed whenever the Federal Poverty Level is adjusted.

<b>Family Size</b>	<b>100%</b>	<b>120%</b>	<b>125%</b>	<b>133%</b>	<b>135%</b>	<b>150%</b>	<b>160%</b>	<b>170%</b>	<b>175%</b>	<b>185%</b>	<b>200%</b>	<b>250%</b>	<b>300%</b>
<b>1</b>	\$739	\$886	\$923	\$982	\$997	\$1,108	\$1,182	\$1,256	\$1,293	\$1,366	\$1,477	\$1,846	\$2,215
<b>2</b>	\$995	\$1,194	\$1,244	\$1,324	\$1,344	\$1,493	\$1,592	\$1,692	\$1,742	\$1,841	\$1,990	\$2,488	\$2,985
<b>3</b>	\$1,252		\$1,565	\$1,665		\$1,878	\$2,003	\$2,128		\$2,316	\$2,504		\$3,755
<b>4</b>	\$1,509		\$1,886	\$2,007		\$2,263	\$2,414	\$2,565		\$2,791	\$3,017		\$4,525
<b>5</b>	\$1,765		\$2,207	\$2,348		\$2,648	\$2,824	\$3,001		\$3,266	\$3,530		\$5,295
<b>6</b>	\$2,022		\$2,528	\$2,689		\$3,033	\$3,235	\$3,437		\$3,741	\$4,044		\$6,065
<b>7</b>	\$2,279		\$2,848	\$3,031		\$3,418	\$3,646	\$3,874		\$4,215	\$4,557		\$6,835
<b>8</b>	\$2,535		\$3,169	\$3,372		\$3,803	\$4,056	\$4,310		\$4,690	\$5,070		\$7,605
<b>Each added person</b>	\$257		\$321	\$342		\$385	\$411	\$437		\$475	\$514		\$770

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Chart VII - Fee Schedule for QDWIT

Effective 7/90

\$176.00 Medicare Part A

Countable Income% of Medicare Part A Premium Required

	<u>Family Size 1</u>	<u>Family Size 2</u>	
150% - 160%	784.99 - 837.32	1052.49 - 1122.65	10%
160% - 170%	837.22 - 889.65	1122.66 - 1192.82	20%
170% - 180%	889.65 - 941.98	1192.83 - 1262.98	30%
180% - 190%	941.99 - 994.32	1262.99 - 1333.15	40%
190% - 200%	994.33 - 1046.66	1403.33	50%
200% - Ineligible	1046.67		

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**CHART VIII - CUB CARE**

Family Income  
as % of Federal  
Poverty Level

Monthly  
Premium  
for 1 Child

Monthly  
Premium for  
2 or More Children

150.1% to 160%

\$ 5

\$10

160.1% to 170%

\$10

\$20

170.1% to 185%

\$15

\$30

185.1% to 200%

\$20

\$40